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ABSTRACT

The International Association of Marriage and Family Counselors (IAMFC) is an organization dedicated to advancing the practice, training, and research of marriage and family counselors. This chapter presents the IAMFC's code of ethics which promulgates a framework for ethical practice by IAMFC members and is divided into eight sections: client well-being, confidentiality, competence, assessment, private practice, research and publications, supervision, and media and public statements. The ideas presented within these eight areas are meant to supplement the ethical standards of the American Counseling Association. The IAMFC's ethical guidelines can aid members in ensuring the welfare and dignity of the couples and families they have contact with, as well as assisting in the implementation of the Hippocratic mandate. (GCP)

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Appendix

Ethical Code for the International Association of Marriage and Family Counselors

Preamble

The IAMFC (The International Association of Marriage and Family Counselors) is an organization dedicated to advancing the practice, training, and research of marriage and family counselors. Members may specialize in areas such as: premarital counseling, intergenerational counseling, separation and divorce counseling, relocation counseling, custody assessment and implementation, single parenting, stepfamilies, nontraditional family and marriage lifestyles, healthy and dysfunctional family systems, multicultural marriage and family concerns, displaced and homeless families, interfaith and interracial families, and dual career couples. In conducting their professional activities, members commit themselves to protect and advocate for the healthy growth and development of the family as a whole, even as they conscientiously recognize the integrity and diversity of each family and family member's unique needs, situations, status, and condition. The IAMFC member recognizes that the relationship between the provider and consumer of services is

characterized as an egalitarian process emphasizing co-participation, co-equality, co-authority, co-responsibility, and client empowerment.

This code of ethics promulgates a framework for ethical practice by IAMFC members and is divided into eight sections: client well-being, confidentiality, competence, assessment, private practice, research and publications, supervision, and media and public statements. The ideas presented within these eight areas are meant to supplement the ethical standards of the American Counseling Association (ACA), formerly the American Association for Counseling and Development (AACD), and all members should know and keep to the standards of our parent organization. Although an ethical code cannot anticipate every possible situation or dilemma, the IAMFC ethical guidelines can aid members in ensuring the welfare and dignity of the couples and families they have contact with, as well as assisting in the implementation of the Hippocratic mandate for healers: Do no harm.

Section I: Client Well-Being

A. Members demonstrate a caring, empathic, respectful, fair, and active concern for family well-being. They promote client safety, security, and place-of-belonging in family, community, and society. Due to the risk involved, members should not use intrusive interventions without a sound theoretical rationale and having thoroughly thought through the potential ramifications to the family and its members.

B. Members recognize that each family is unique. They respect the diversity of personal attributes and do not stereotype or force families into prescribed attitudes, roles, or behaviors.

C. Members respect the autonomy of the families that they work with. They do not make decisions that rightfully belong to family members.

D. Members respect cultural diversity. They do not discriminate on the basis of race, sex, disability, religion, age, sexual orientation, cultural background, national origin, marital status,

or political affiliation.

E. Members strive for an egalitarian relationship with clients by openly and conscientiously sharing information, opinions, perceptions, process of decision making, strategies of problem solving, and understanding of human behavior.

F. Members pursue a just relationship that acknowledges, respects, and informs clients of their rights, obligations, and expectations as a consumer of services, as well as the rights, obligations, and expectations of the provider(s) of service. Members inform clients (in writing if feasible) about goals and purpose of the counseling, the qualifications of the counselor(s), the scope and limits of confidentiality, potential risks and benefits associated with the counseling process and with specific counseling techniques, reasonable expectations for the outcomes and duration of counseling, costs of services, and appropriate alternatives to counseling.

G. Members strive for a humanistic relationship that assists clients to develop a philosophy of meaning, purpose, and direction of life and living that promotes a positive regard of self, of family, of different and diverse others, and of the importance of humane concern for the community, nation, and the world at large.

H. Members promote primary prevention. They pursue the development of clients' cognitive, moral, social, emotional, spiritual, physical, educational, and career needs, as well as parenting, marriage, and family living skills, in order to prevent future problems.

I. Members have an obligation to determine and inform all persons involved who their primary client is—i.e., is the counselor's primary obligation to the individual, the family, a third party, or an institution? When there is a conflict of interest between the needs of the client and the counselor's employing institution, the member works to clarify his or her commitment to all parties. Members recognize that the acceptance of employment implies that they are in agreement with the agency's policies and practices, and so monitor their place of

employment to make sure that the environment is conducive to the positive growth and development of clients. If, after utilizing appropriate institutional channels for change, the member finds that the agency is not working toward the well-being of clients, the member has an obligation to terminate his or her institutional affiliation.

J. Members do not harass, exploit, coerce, engage in dual relationships, or have sexual contact with any current or former client or family member to whom they have provided professional services.

K. Members have an obligation to withdraw from a counseling relationship if the continuation of services is not in the best interest of the client or would result in a violation of ethical standards. If a client feels that the counseling relationship is no longer productive, the member has an obligation to assist in finding alternative services.

L. Members maintain accurate and up-to-date records. They make all file information available to clients unless the sharing of such information would be damaging to the status, goals, growth, or development of the client.

M. Members have the responsibility to confront unethical behavior conducted by other counselors. The first step should be to discuss the violation directly with the counselor. If the problem continues, the member should first use procedures established by the employing institution and then those of the IAMFC. Members may wish to also contact any appropriate licensure or certification board. Members may contact the IAMFC executive director, president, executive board members, or chair of the ethics committee at any time for consultation on remedying ethical violations.

Section II: Confidentiality

A. Clients have the right to expect that information shared with the counselor will not be disclosed to others and, in the absence of any law to the contrary, the communications between clients

and marriage and family counselors should be viewed as privileged. The fact that a contact was made with a counselor is to be considered just as confidential as the information shared during that contact. Information obtained from a client can only be disclosed to a third party under the following conditions.

1. The client consents to disclosure by a signed waiver. The client must fully understand the nature of the disclosure (i.e., give informed consent), and only information described in the waiver may be disclosed. If more than one person is receiving counseling, each individual who is legally competent to execute a waiver must sign.
2. The client has placed him- or herself or someone else in clear and imminent danger.
3. The law mandates disclosure.
4. The counselor is a defendant in a civil, criminal, or disciplinary action arising from professional activity.
5. The counselor needs to discuss a case for consultation or education purposes. These discussions should not reveal the identity of the client or any other unnecessary aspects of the case and should only be done with fellow counseling professionals who subscribe to the IAMFC ethical code. The consulting professional counselor has an obligation to keep all shared information confidential.

B. All clients must be informed of the nature and limitations of confidentiality. They must also be informed of who may have access to their counseling records, as well as any information that may be released to other agencies or professionals for insurance reimbursement. These disclosures should be made both orally and in writing, whenever feasible.

C. All client records should be stored in a way that ensures confidentiality. Written records should be kept in a locked drawer or cabinet and computerized record systems should use appropriate passwords and safeguards to prevent unauthorized entry.

D. Clients must be informed if sessions are to be recorded on

audio- or videotape and sign a consent form for doing so. When more than one person is receiving counseling, all persons who are legally competent must give informed consent in writing for the recording.

E. Unless alternate arrangements have been agreed upon by all participants, statements made by a family member to the counselor during an individual counseling or consultation contact are to be treated as confidential and are not disclosed to other family members without the individual's permission. If a client's refusal to share information from individual contacts interferes with the agreed upon goals of counseling, the counselor may have to terminate treatment and refer the clients to another counselor.

Section III: Competence

A. Members have the responsibility to develop and maintain basic skills in marriage and family counseling through graduate work, supervision, and peer review. An outline of these skills is provided by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) *Environmental and Specialty Standards for Marriage and Family Counseling/ Therapy.* The minimal level of training shall be considered a master's degree in a helping profession.

B. Members recognize the need for keeping current with new developments in the field of marriage and family counseling. They pursue continuing education in forms such as books, journals, classes, workshops, conferences, and conventions.

C. Members accurately represent their education, areas of expertise, training, and experience.

D. Members do not attempt to diagnose or treat problems beyond the scope of their abilities and training.

E. Members do not undertake any professional activity in which their personal problems might adversely affect their performance. Instead, they focus their energies on obtaining appropriate professional assistance to help them resolve

the problem.

F. Members do not engage in actions that violate the moral or legal standards of their community.

Section IV: Assessment

A. Members utilize assessment procedures to promote the best interests and well-being of the client in clarifying concerns, establishing treatment goals, evaluating therapeutic progress, and promoting objective decision making.

B. Clients have the right to know the results, interpretation, and conclusions drawn from assessment interviews and instruments, as well as how this information will be used.

C. Members utilize assessment methods that are reliable, valid, and germane to the goals of the client. When using computer-assisted scoring, members obtain empirical evidence for the reliability and validity of the methods and procedures used.

D. Members do not use inventories and tests that have outdated test items or normative data.

E. Members do not use assessment methods that are outside the scope of their qualifications, training, or statutory limitations. Members using tests or inventories have a thorough understand of measurement concepts.

F. Members read the manual before using a published instrument. They become knowledgeable about the purpose of the instrument and relevant psychometric and normative data.

G. Members conducting custody evaluations recognize the potential impact that their reports can have on family members. As such, they are committed to a thorough assessment of both parents. Therefore, custody recommendations should not be made on the basis of information from only one parent. Members only use instruments that have demonstrated validity in custody evaluations and do not make recommendations based solely on test and inventory scores.

H. Members strive to maintain the guidelines in the *Standards for Educational and Psychological Testing*, written in

collaboration by the American Educational Research Association, American Psychological Association, and National Council on Measurement in Evaluation, as well as the *Code of Fair Testing Practices,* published by the Joint Committee on Testing Practices.

Section V: Private Practice

A. Members assist the profession and community by facilitating, whenever feasible, the availability of counseling services in private settings.
B. Due to the independent nature of their work, members in private practice recognize that they have a special obligation to act ethically and responsibly, keep up to date through continuing education, arrange consultation and supervision, and practice within the scope of their training and applicable laws.
C. Members in private practice provide a portion of their services at little or no cost as a service to the community. They also provide referral services for clients who will not be seen pro bono and who are unable to afford private services.
D. Members only enter into partnerships in which each member adheres to the ethical standards of their profession.
E. Members should not charge a fee for offering or accepting referrals.

Section VI: Research and Publications

A. Members shall be fully responsible for their choice of research topics and the methods used for investigation, analysis, and reporting. They must be particularly careful that findings do not appear misleading, that the research is planned to allow for the inclusion of alternative hypotheses, and that provision is made for discussion of the limitations of the study.
B. Members safeguard the privacy of their research participants. Data about an individual participant are not released unless

the individual is informed about the exact nature of the information to be released and gives written permission for doing so.

C. Members safeguard the safety of their research participants. Members receive approval from, and follow guidelines of, any institutional research committee. Prospective participants are informed, in writing, about any potential danger associated with a study and are notified that they can withdraw at any time.

D. Members make their original data available to other researchers.

E. Members only take credit for research in which they made a substantial contribution, and give credit to all such contributors. Authors are listed from greatest to least amount of contribution.

F. Members do not plagiarize. Ideas or data that did not originate with the author(s) and are not common knowledge are clearly credited to the original source.

G. Members are aware of their obligation to be a role model for graduate students and other future researchers and so act in accordance with the highest standards possible while engaged in research.

Section VII: Supervision

A. Members who provide supervision acquire and maintain skills pertaining to the supervision process. They are able to demonstrate for supervisees the application of counseling theory and process to client issues. Supervisors are knowledgeable about different methods and conceptual approaches to supervision.

B. Members who provide supervision respect the inherent imbalance of power in the supervisory relationship. They do not use their potentially influential positions to exploit students, supervisees, or employees. Supervisors do not ask supervisees to engage in behaviors not directly related to the supervision

process, and they clearly separate supervision and evaluation. Supervisors also avoid dual relationships that might impair their professional judgment or increase the possibility of exploitation. Sexual intimacy with students or supervisees is prohibited.

C. Members who provide supervision are responsible for both the promotion of supervisee learning and development and the advancement of marriage and family counseling. Supervisors recruit students into professional organizations, educate students about professional ethics and standards, provide service to professional organizations, strive to educate new professionals, and work to improve professional practices.

D. Members who provide supervision have the responsibility to inform students of the specific expectations surrounding skill building, knowledge acquisition, and the development of competencies. Members also provide ongoing and timely feedback to their supervisees.

E. Members who provide supervision are responsible for protecting the rights and well-being of their supervisees' clients. They monitor their supervisees' counseling on an ongoing basis, and create procedures to protect the confidentiality of clients whose sessions have been electronically recorded.

F. Members who provide supervision strive to reach and maintain the guidelines provided in the *Standards for Counseling Supervisors* published by the ACA Governing Council (cf. *Journal of Counseling & Development,* 1990, Vol. 69, pp. 30–32).

G. Members who are counselor educators encourage their programs to reach and maintain the guidelines provided in the CACREP *Environmental and Specialty Standards for Marriage and Family Counseling/Therapy.*

Section VIII: Media and Public Statements

A. Members accurately and objectively represent their professional qualifications, skills, and functions to the public. Membership in a professional organization is not to be used to suggest competency.

B. Members have the responsibility to provide information to the public that enhances marriage and family life. Such statements should be based on sound, scientifically acceptable theories, techniques, and approaches. Due to the inability to complete a comprehensive assessment and provide follow-up, members should not give specific advice to an individual through the media.

C. The announcement or advertisement of professional services should focus on objective information that allows the client to make an informed decision. Providing information such as highest relevant academic degree earned, licenses or certifications, office hours, types of services offered, fee structure, and languages spoken can help clients decide whether the advertised services are appropriate for their needs. Members advertising a specialty within marriage and family counseling should provide evidence of training, education, and/or supervision in the area of specialization. Advertisements about workshops or seminars should contain a description of the audience for which the program is intended. Due to their subjective nature, statements either from clients or from the counselor about the uniqueness, effectiveness, or efficiency of services should be avoided. Announcements and advertisements should never contain false, misleading, or fraudulent statements.

D. Members promoting psychology tapes, books, or other products for commercial sale make every effort to ensure that announcements and advertisements are presented in a professional and factual manner.

Note: Mary Allison, R. P. Ascano, Edward Beck, Stuart Bonnington, Joseph Hannon, David Kaplan (chair), Patrick McGrath, Judith Palais, Martin Ritchie, and Judy Ritterman are members of the IAMFC ethics committee who formulated the IAMFC code of ethics. Reprinted by permission of the IAMFC.

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